

Dialogue on Environmental Public Health Tracking

SESSION SUMMARY | June 29-30, 2004

Day 1 Recap of Presentations and Discussion

Objective: To provide all participants baseline knowledge of the current work being done in environmental public health tracking (EPHT). Participants heard and discussed EPHT activities from the perspectives of federal and state agencies, the community, national organizations, and academic Centers of Excellence. Day 1 information served as raw material for more in-depth group discussion on Day 2.

- Presentations provided an overview of EPHT, ongoing tracking activities, and perspectives from partners in the process.
- Participants discussed data and the need for real data in decision-making from the perspective of policy, public health planning, environmental management, and the community.
- Speakers explained that EPHT is about more than information technology and surveillance. The speakers discussed the necessity for communication and for outreach and partnership. Paul English (CA DHS) touched on core components of the California EPHT Program, which also includes capacity building, exposure assessment, methods development, and policy development.
- Participants learned that needs are not all the same at the state, local, and national levels—a point emphasized by California's survey—but overlap exists, as is evident both from the survey and the presentation by Jane Laping (MfCA).
- Tom Burke (JHU) noted that we have come a long way towards building a national EPHT network, but we still have a long way to go, and it's not something that can happen overnight.
- The issue of sustainability was raised by the meeting participants. There were general concerns about sustaining funding and visibility for a program that will take a while to mature.



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- Henry Falk (CDC) discussed the changes going on at CDC in terms of both structure and how we do business, with a more customer-centric and outcome-focused orientation. These points generated a lot of questions and discussion.
 - Participants expressed concern about what seems to be a focus on “hot issues” and about the “quick response” or short-term thinking coming out of CDC. Henry Falk noted that CDC’s goals development process will be data-driven, so CDC will not overlook key issues that are not “hot issues,” and short-term goals will be balanced with long-term goals. Regarding EPHT, Mike McGeehin (CDC) noted that we are not looking only at early success but at innovative approaches to long-term surveillance needs.
 - Claire Barnett (HSN) raised the issue of meeting the need for better data on school health and the school environment.
 - Michael Heumann (CSTE) noted that traditionally, states were partners with CDC, and asked what the shift to a customer orientation and the increased emphasis on research really mean. Henry Falk noted that CDC wants to expand its work with others and improve the way we do business with states... neither the customer-centric approach nor the increase in research will diminish the CDC/state relationships.
 - Participants closed the first discussion period with a dialogue about the need for involving the community in EPHT.
- Much of the discussion at the end of the day focused on the topic of biomonitoring.
 - Some of the issues raised addressed how we prioritize, how we keep up with the laboratory methods, whether biomonitoring will/can be done for all communities with concerns, what results mean—this last point specific to the finding of high levels of tungsten in persons from Fallon, NV—and nanoparticles research. Jim Pirkle (CDC) noted that at the national level, CDC’s Environmental Health Laboratory is setting priorities and will develop methods as much as they can as fast as they can. If there is a known exposure and a suspected health effect, the lab will conduct monitoring, and if a community concern is compelling, the lab will check it out. The lab does not work with nanoparticles. [Hal Zenick (EPA) noted that the NIOSH lab is doing some work in this area.] With reference to Fallon and tungsten, Mike McGeehin (CDC) noted that CDC did not find a clear link; however, we don’t know much about tungsten, and we need more information. The tungsten report is currently being reviewed by the National Toxicology Program.

- Participants talked about biomonitoring and the capabilities of the CDC Environmental Health Laboratory; they did not touch on the needed capacity at the state laboratories.
- Participants also discussed the desire for state-level Health and Nutrition Examination Surveys (HANES) and the fact that the national budget did not contain enough money for state-level surveys. New York City is moving forward on their own with community-level HANES.
- An important issue was raised by the participants (at the end of Tom Burke's talk) about what all this means to communities. South Philly was given as an example, but the question is universal. If we find something is going on in a community, how does that translate into practical advice to community members and into actions to protect the health of communities?
- Janice Nolen (ALA) wanted to know more about where we are with national asthma surveillance efforts. Participants discussed the fact that the CDC EPHT program and asthma program were working together to improve state-based surveillance. Though EPHT started out with demonstration projects, CDC has not lost sight of the fact that we are building a nationwide system. The demonstration projects are providing the groundwork for how we implement a nationwide system—by building a system that provides not only national estimates but also state and local data.
- Janie Fields (CEHI) brought up the children's longitudinal health study and concerns that funding this study will decrease funding for EPHT or other efforts. Participants agreed that better communications and outreach are needed for the various efforts—in terms of both how they complement each other and how they differ. Colleen Boyle (CDC) noted that CDC has been told that there will not be a trade-off, but we do need to be able to explain the differences.
- The final point of discussion was in regard to the need to bring HMOs or third-party payers to the table. Participants agreed on the importance of that point.

Day 2 Recap of Discussion and Final Thoughts

Objective: To have open discussion and dialogue on EPHT activities that address the needs of stakeholders, including key information and data needs, areas for more intensive stakeholder involvement, and best methods for communicating with stakeholders. The discussion topics below are a general framework only; most discussion will happen in small groups with plenary debriefs.

- Judy Qualters (CDC) provided a summary of the presentations and discussion from Day 1.
- The meeting participants divided into seven groups with each person within a group representing a different perspective, such as community, state, national, and local.
- The groups each had a facilitator walk them through three discussion sessions.
 - Group Session 1: Participants discussed thoughts about overall EPHT efforts, identified issues that are unclear, and identified areas of mutual interest and concern.
 - Group Session 2: Participants discussed expectations, information/data needs from EPHT, and major environmental public health issues that need to be addressed by EPHT.
 - Group Session 3: Participants shared best communication methods and channels for disseminating EPHT information. They also discussed how to get involved with new EPHT activities and suggested other partners to engage.
- After each session, each group shared a summary of its discussion. These summaries are captured in the Topline notes. (download a PDF of the Topline notes at http://www.cdc.gov/nceh/tracking/topline_notes.pdf)
- At the end of the day, each group was asked to provide its top three priorities regarding the following three questions.
 - *How can CDC best communicate with you to keep you in the loop about developments, changes, and improvements to the EPHT network as it evolves?*
 - *Do you have any suggestions for other groups that we should be actively engaging in the EPHT network planning and implementation process?*

- *Given that your needs as an organization or individual may have to be long-term aspirations for the EPHT network, what kind of information can we be providing to you in the short- to mid-term that will meet your needs, keep you on track, and help you move forward?*
- The remainder of the meeting time was dedicated to final thoughts with open discussion of any other advice, insights, or questions.
- Gina Solomon (NRDC) voiced concern about the level of involvement of NGOs. The more NGOs understand and are engaged in the program, the better they are able to promote it. Gina liked the information that was being shared during the meeting, and she hopes this information exchange continues. Mike McGeehin (CDC) agreed and stated that CDC will increase efforts to continue this dialogue.
- Susan Polan (TFAH) informed the group of the status of EPHT legislation. Legislation on EPHT has raised the profile and will be introduced again as bipartisan legislation in the fall.
- Andy Smith (ME BH) stated that he supports this type of meeting and format. In fact, he is interested in having topic-focused meetings including science and academic, epidemiology, etc. The states need direction for the next round of grants. Mike McGeehin (CDC) stated that he is aware of that, and CDC has difficult decisions to make. When the decisions are made, CDC will inform states as quickly as possible. CDC will continue to prioritize in the best way to spend limited resources.
- Janice Nolen (ALA) expressed that the ALA is very pleased to be involved in EPHT and would like to be involved in the strategic planning for the EPHT program. She also emphasized the need to focus more on the indoor environment. Mike McGeehin replied that CDC will be working on the strategic plan for the national program in FY05, and we accept her offer to help.
- Tom Burke (JHU) stated that, considering the success of this meeting, he wonders how the CDC Futures Initiative will play a role in EPHT. He would like to see the momentum continue. The EPHT program cannot devolve into a health system; it must involve the environment as well. Mike McGeehin suggested that EPHT could be a model program to implement the CDC Futures Initiative, because EPHT is cross-cutting and breaks down silos among state, local, and federal health and environmental agencies and other new partners.
- Communities want to continue to be involved, recognizing that EPHT will not have all the answers they seek. The program should be kept simple, and the community should be kept involved. Mike McGeehin assured the participants that as the program grows, CDC's focus is to share data that can be used. Judy Qualters said that CDC is focused

on keeping the program direction practical and feasible. We want something that will make data available for researchers and communities to use.

- Claire Barnett (HSN) expressed that consideration should be given to the quality of the whole indoor environment, not just the quality of indoor air. In terms of strategy, she would like to see EPHT move forward and expand. She emphasized focusing on children so they will grow into healthy adults. Mike McGeehin replied that we are considering children's health issues as we move forward with the program.
- Paul English (CA DHS) reiterated that the environmental public health workforce must continue to grow as well. Mike McGeehin agreed that we need to get more environmental health professionals recruited, trained, and certified. CDC's Futures Initiative is reviewing training the public health workforce at the state and local level.
- Judy Qualters thanked everyone and stated that a summary of the meeting would follow in a few weeks and would be E-mailed to the participants.
- Mike McGeehin thanked everyone for coming and sharing their thoughts, recommendations, and ideas. He stated that EPHT is a difficult program to establish, but it is critical to have interpretable data. The program is more manageable if we work with talented people such as the meeting participants. CDC plans to keep in touch and will work to find the best way to keep everyone informed as decisions are made. Special thanks to the Trust for America's Health for requesting this meeting.